

APOSTILLE REQUEST

The Office of the Registrar, Marion, will process requests for an apostille upon request. After completing this form and providing a signature where required, send this form along with all the checklist items to be notarized to the address at the bottom of this form.

An apostille will not be issued to students who have outstanding financial obligations with the University. If you are not a current student and do not have access to view your holds, please contact the Office of the Registrar at (765) 677-2127 to have a Transcript Specialist verify that you do not have holds which would prohibit an apostille from being issued.

STUDENT / REQUESTOR INFORMATION

Student name _____	Student signature _____
Address _____	
Telephone number _____	Student ID or Social Security # _____
Email address _____	

If requesting an Apostille, please complete the following checklist: (\$25.00)* \$ 25.00

*(Amount includes original notarized diploma and processing fees)

- I have enclosed a transcript request form/payment that I downloaded from the Office of the Registrar website at <http://www.indwes.edu/Academics/Registrar/Transcript/>, stating that the transcript is to be notarized. (\$3.00 each) *Optional*, this is not necessary for all Apostilled documents. See documentation of requesting organization. \$ _____
- I have enclosed a postage fees for shipping. \$ 10.00
- I have provided the address which the State needs to mail these documents once they have attached apostille to the notarized documents. (See address section below.)

Name and Mailing Address of FINAL destination for documents:

Organization Name _____

ATTN: _____

Address _____

City / State / Country _____

I have enclosed a total of \$ _____ to cover the above fees as well as the postage paid envelopes required for the documents requested.

Please make check or money order payable to **Indiana Wesleyan University**. Payment by credit card is welcome. Please provide the following:

Card type: (circle one) Visa MasterCard Discover

Account # _____ Expiration _____

Card ID# _____ (3-digit # on back of card)

Name as it appears on card: _____

Total Enclosed \$ _____

Mail or fax the completed request form, checklist items, and documents to be notarized to:
IWU Registrar's Office, ATTN: Registrar, Indiana Wesleyan University, 4201 S Washington Street, Marion, IN 46953;
Fax: 1-765-677-2662